

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE SIGNED (received) NOV 14 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0001
Date: 1-8-15
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Clayton L. Davis</u>	Mailing Address: <u>P.O. Box 134</u>	City/State/Zip: <u>Cable, WI 54821</u>	Telephone: <u>715</u>
Address of Property: <u>16985 Old D Rd. 16940 Co Hwy M</u>		City/State/Zip: <u>Cable, WI 54821</u>	Cell Phone: <u>558-0510</u>
Contractor: <u>self</u>	Contractor Phone: <u></u>	Plumber: <u></u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>1/4, 1/4</u>	Gov't Lot <u></u>	Lot(s) <u></u>
CSM <u></u>		Vol & Page <u>7+8</u>	Lot(s) No. <u></u>
Block(s) No. <u></u>		Subdivision: <u>Pineview</u>	Lot Size <u></u>
Acreage <u>1.57+1.57</u>		Recorded Document: (i.e. Property Ownership) <u>1133</u> Page(s) <u>671</u>	
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: <u></u> feet	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: <u></u> feet	
<input checked="" type="checkbox"/> Non-Shoreland			

Value at Time of Completion * include donated time & material <u>\$ 0</u>	Project <u></u>	# of Stories and/or basement <u></u>	Use <u></u>	# of bedrooms <u></u>	What Type of Sewer/Sanitary System Is on the property? <u></u>	Water <input type="checkbox"/> City <input type="checkbox"/> Well
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>ST</u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> Sanitary (exists)	Specify Type: <u>ST</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Privy (Prt)	Vaulted (min 200 gallon)	
<input type="checkbox"/> Relocate (existing blg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u>	Width: <u></u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

Proposed Use <input checked="" type="checkbox"/>	Proposed Structure <input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with a Deck <input checked="" type="checkbox"/> Commercial Use <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <u></u> <input type="checkbox"/> Addition/Alteration (specify) <u></u> <input type="checkbox"/> Accessory Building (specify) <u></u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u> <input type="checkbox"/> Rec'd for Issuance <input checked="" type="checkbox"/> Special Use: (explain) <u>Home-based business - Landscaping</u> <input type="checkbox"/> Conditional Use: (explain) <u>Contractor</u> <input type="checkbox"/> Other: (explain) <u></u>	Dimensions <u></u>	Square Footage <u></u>
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the details and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Clayton L. Davis
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 11-13-14

Authorized Agent:

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%
- (2) Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	NA Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 2018	# of bedrooms:	Sanitary Date: 2-17-78
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0001		Permit Date: 1-8-15		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record:		Case #:		
Date of Inspection: 11-14-14		Inspected by: M. Furtak		Zoning District (R-1) Lakes Classification (NA)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: Michael Furtak				
Date of Approval: 11-17-14				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY WISCONSIN
APPLICATION FOR PERMIT
DATE: OCT 15 2014
BAYFIELD CO. ZONING DEPT.

Permit #: 15-0000
Date: 1-9-14
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Cable Union Airport</u>	Mailing Address: <u>42905 Telework Rd, Cable, WI 54821</u>	Telephone: <u>715 798-3240</u>
Address of Property: <u>Same</u>	City/State/Zip: <u></u>	Cell Phone: <u></u>
Contractor: <u>Self</u>	Contractor Phone: <u></u>	Plumber: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>William L. DeVries</u>	Agent Phone: <u>798-3479</u>	Agent Mailing Address (include City/State/Zip): <u></u>
PROJECT LOCATION: <u>SE 1/4, NE 1/4, SW 1/4, NW 1/4, 1st & 2nd Sts.</u>	Legal Description: (Use Tax Statement) <u>04-012-2-43-07-21-1 03-000-10000</u>	Recorded Document (i.e. Property Ownership) <u>158</u> Page(s) <u>345</u>
Section <u>21</u> , Township <u>43</u> N, Range <u>7</u> W	Town of: <u>Cable</u>	Subdivision: <u></u>
Distance Structure is from Shoreline: <u></u> feet	Distance Structure is from Shoreline: <u>100+</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u></u> feet	Distance Structure is from Shoreline: <u>100+</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Value at Time of Completion *include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1 Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well
Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u> Width: <u></u> Height: <u></u>	Length: <u></u> Width: <u></u> Height: <u></u>				
Proposed Construction:						

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	
<input type="checkbox"/> Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Accessory Building (specify)		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X ()	
<input checked="" type="checkbox"/> Municipal Use		() X ()	
Rec'd for Issuance		() X ()	
JAN 09 2014		() X ()	
Secretarial Staff		() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Cable Union Airport Date: 10/9/14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)
Authorized Agent: William L. DeVries Date: 10/9/14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Bayfield Co. Zoning Dept.
Address to send permit: Bayfield Co. Zoning Dept.
If you recently purchased the property send your Recorded Deed to: Bayfield Co. Zoning Dept.

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-00006	Permit Date: 1-9-15					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Metzard settable		Zoning District RRB		Date of Re-Inspection:		
Date of Inspection:		Inspected by: M. Furdak				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Signature of Inspector: see attached						
Date of Approval: 1-8-15						
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
SEP 25 2014
Bayfield Co. Zoning Dept.

Permit #: 15-0
Date: 1-9-15
Amount Paid: \$850.90
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Cable Union Airport
Address of Property: 42905 Telmark Rd
City/State/Zip: Cable, WI 54821
Telephone: 715 798-3440
Cell Phone:
Contractor: Dennis Pedra Construction
Contractor Phone: 715 5670026
Plumber:
Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: Same
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
SW 1/4, NE 1/4, Sec 21, Twp 43 N, Range 7 W
P/N: (23 digits)
04-012-3-43-07-21-103-000-70000
Recorded Document: (i.e. Property Ownership)
Volume: Page(s):

Distance Structure is from Shoreline: ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ Yes ☐ No
Distance Structure is from Shoreline: ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Yes ☐ No
If Yes---continue -->

Section 21, Township 43 N, Range 7 W
Town of: Cable
Lot Size: Acreage: 39

Shoreland ☒ Non-Shoreland

Value at Time of Completion: \$66,000.00
Include donated time & material

Project: ☒ New Construction ☐ Addition/Alteration ☐ Conversion ☐ Relocate (existing bldg) ☐ Run a Business on Property ☐ Foundation

of Stories and/or basement: 1-Story ☒ 2-Story ☐ 1-Story + Loft ☐ Seasonal ☐ Year Round ☐ 1 ☐ 2 ☐ 3

Use: ☒ 1-Story ☐ Seasonal ☐ Year Round ☐ 1 ☐ 2 ☐ 3

of bedrooms: ☒ 1 ☐ 2 ☐ 3

What Type of Sewer/Sanitary System is on the property? ☒ Municipal/City ☐ (New) Sanitary ☐ Sanitary (Exists) ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) ☐ Portable (w/ service contract) ☐ Compost Toilet ☐ None

City: ☒ Well

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length: Width: Height: Length: Width: Height:

Proposed Use: ☒ Principal Structure (first structure on property) ☐ Residence (i.e. cabin, hunting shack, etc.) ☐ Residential Use ☒ Commercial Use ☐ Municipal Use

Proposed Structure: Hangar

Dimensions: 42 x 54

Square Footage: 2,268

Special Use: (explain) ☐ Conditional Use: (explain) ☐ Other: (explain) ☐

Record for Issuance: JAN 12 2015

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed ALL owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: [Signature]
Date: 9/25/14
Address to send permit: 18273 Cty Rd E Hayward WI 54843
Attach Copy of Tax Statement
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
COP 12-396

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:
 (2) Show / Indicate:
 (3) Show Location of (*):
 (4) Show:
 (5) Show:
 (6) Show any (*):
 (7) Show any (*):
- Proposed Construction
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%

See attachments

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1,000+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	1,000+ Feet	Setback from the River, Stream, Creek	1,000+ Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	1,000+ Feet	Setback from Wetland	30+ Feet
Setback from the West Lot Line	1,000+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	650+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

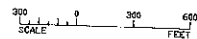
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0006		Permit Date: 1-9-15					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No			
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)		<input checked="" type="checkbox"/> No			
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:							
Well status: Meet all setbacks.							
Date of Inspection: 9-25-14		Inspected by: M. Fuchs					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)							
May not be used for human habitation. No water under pressure in structure.							
Signature of Inspector: Michael Fuchs							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
						Date of Approval: 9-26-14	

PROPERTY MAP CABLE UNION AIRPORT CABLE, WISCONSIN OCTOBER, 1997



LEGEND

- SIGN
- BURIED TELE. CABLE
- FENCE
- HORIZ. CTRL. MONUMENT
- EDGE OF MOVED GRASS
- AIRPORT EASEMENT
- ① AIRPORT BOUNDARY MONUMENT NUMBER
- 3/4" x 3/4" IRON ROD CAPPED WITH 3/4" ALUMINUM CAP STAMPED "AIRPORT BOUNDARY NO. ..."
- MONUMENT FOUND AS NOTED

REVISED OCTOBER 24, 1997
REVISED NOVEMBER 5, 1997
BEARINGS ARE GPS.

NOTE:
THE FOLLOWING DATA WAS TAKEN FROM THE LAKE THAWOAH LOGS
COURT SHEET DATED NOVEMBER 25, 1997.

CABLE GPS STA: LAT 45° 15' 53.94728"
LONG 91° 41' 50.00916"
CABLE GPS AZIM: LAT 45° 15' 20.00642"
LONG 91° 41' 41.64323"
GEODETIC AZIMUTH FROM MN TO STA = 349° 00' 48"

CERTIFICATE OF SURVEY

I, Robert A. Mick, do hereby certify that I have surveyed the property herein described according to the official records, and with the provisions of Chapter A-E 7 and of the Wisconsin Administrative Code in making the same and to a correct representation of the lot lines to the best of my knowledge and belief. This survey was performed under the order of the Cable Union Airport Commission, Cable, Wisconsin 54831.



Robert A. Mick, L.S. 982
SUPERIOR SURVEYS, INC.
Rt. 3, Box 3215
Menasha, WI 54851
October 20, 1997

21-43-7

with a Deck